PLACE OF DEATH	STATE OF MARYLAND
County Linear ann	CERTIFICATE OF DEATH
1	Registration Dist, No. 2001)
Village or City Mellington (No. 1)	St.; Ward) [it death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Colored Single, MARRIED, WIDOWED, ORDIVORCE ORDIVOR	16 DATE OF DEATH CCf 19, 1915— (Month) (Day) (Year)
6 DATE OF BIRTH Sept // (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from
TAGE It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
narticular kind of work	(Duration) yrs. mos os. Contributory Pulmona Jubeculos. (Secondary)
10 NAME OF FATHER Siah Authory 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER N. 16. 16.	(Signed) State the DISEASE CAUSING DEATH, or, in deaths from Violent TAL, SUICIDAL, or Homicidal.
OF MOTHER Mollie Harkless 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death
(Informant) Siah & Cluthony (Address) Millington Mid	Former or USUAL residence
Filed. Oct 19, 1915 Alver BACOpped REGISTRAR	20 UNDERTAKER WORFORMS GUNUPIN ME
If more blanks are needed, address State Regis trar, 6 !	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or indust; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative Lealthfulmine, etc. statement. (a) Spinner, (b) Cotton mill; (a) Salcsman, Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, periionaeum, etc.. Carciniosis of lungs, meninges, periionaeum, etc.. Carciniosis of lungs, meninges, periionaeum, etc..

childbirth or miscarriage. as "PURRPERAL septichaeetc., when a definite discase can be ascertained as the mus," "Old Age," "Shock." 'Traemla," "Weakness," cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUEBPEBAL peritonitis," etc. -figart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senlle," etc.), "Collapse." "Coma," thenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report er" is less definite; avoid use of "Tumor" for mallg The contributory (secondary or intercurrent Always qualify all diseases resulting from (Recommendations on statement of "Convulsions," "Debility" ("Con-"Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples:



PHYSICIANS should state of OCCUPATION is very RECORD Exact statement PERMANENT EXACTLY. stated properly classified. pe should THIS AGE UNFADING INK carefully supplied. that it may be certificate. ō terms, so WITH pe See instructions on back should WRITE PLAINLY, of information s DEATH in plain Item CAUSE OF important. 1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

.....Ward)

[It death occurred in a hospitai or institution, give its NAME Instead ot street and number.]

wil

²FULL NAME

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
1 Emale White Oppivered Married	16 DATE OF DEATH (Month) (Day) (Year)	
GDATE OF BIRTH FEb. 17 (Month) (Month) (Month) (Day) (Year)	that I last saw here, alive on Oct 2 191 5	
TAGE If LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at	
BOCCUPATION (a) Trade, profession, or particular kind of work	Chronic Intentitual Rephils	
(b) General nature of industry, business, or establishment in which employed (or employer) Pairthplace (State or country) Md.	Contributory Celescondary) (Duration) / yrs. mos. ds.	
10 NAME OF FATHER Coellian Sheppard 11 BIRTHPLACE OF FATHER (State or country) 22 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Address) (Male Signed) (Address) (Male Signed) (Address) (Male Signed) (Address) (Male Signed) (Male Sig	
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death	
(Address) Laulsboro M. J.	Former or USUAL TESTIGENCE 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL LOUISSE JAN 20 UNDERTAKER ADDRESS	

REGISTRAR

If more blanks are seeded, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

No. vi.

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[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal statement. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. CAUSING NEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation hus who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Aroceru: (a) Foreman, (b) Automobile factory. The it should be used only when needed. Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise speci-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

-Accidental drowning; Struck by railway train-accimia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage. as "Purrperal scottchaeture of the American Medicai Association.) cause of death approved by Committee on Nomencia "Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never repor ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," _ (name origin; "Can Examples:



Coun	1 PLACE OF DEATH BY GUELLAULO 517828	STATE OF MARYLAND CERTIFICATE OF DEATH
Villag	ge or City Stevenselle (No.	Registration Dist. No. 25-3 St.; Ward) [If death occurred in a hospital or institution, give its NAME instead
E.	2 FULL NAME Cleysudes o	Ideally Sordley of street and number.]
97	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Wale Suc Single, MARRIED, WIOOWED OR GIVORCEO (Write the word)	16 DATE OF OEATH (Month) (Dak) (Year)
6 OA	TE OF BIRTH Quy (Month) (Day) (Year)	that I last saw h M alive on 191
7 AG	If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at the CAUSE OF DEATH * was as follows:
bar (a	CCUPATION) Trade, profession, or clicular kind of work	Criviloims
bus) General nature of industry siness, or establishment in ich employed (or employer)	(Duretion) yrs. mos.
9 81	10 NAME OF FATHER WAY & BRALL.	Contributory Secondary (Signed) (Signed) (Signed)
ENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME AA 13 DEFENSIVE AND	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
PAR	of MOTHER Gleve I lesce 13 BIRTHPLACE OF MOTHER (State or country) State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) At place In the of deethyrs
14 TI	(Informant)	Where was disease contracted, If not at place of deeth? Former or usual residence
15	(Address) Stevens ville	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL LEVENSVILLE THE CONTROL OF BURIAL 20 UNDERTAKER! ADORESS
FII	ed UCS 1, 1915 . C. Shomas fr Local REGISTRAR	F. C. Thomas & Stevensin
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servont, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. The material worked on may form part mill; (a) Salesmon, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to engineer, Stationary fromm, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, Civil ness of various pursuits can be known. The question know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthful-Cool mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term, for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetonus) may be stated suicide. The nature of the injury, as fracture of skull SUICIDAL, or nomicidal, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, head—homicide; Poisoned Struck by roilway train-accident; Revolver wound to determine definitely. Examples: Accidental drowning: surgical operation was undertaken. For violent deaths "PUERPERAL peritouitis," birth or miscarriage as "Puerperal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," lapse," "Coma," "Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (discase causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of The contributory (secondary or intercur-"Convulsions," "Debility" ("Conete. by carbolic acid-probably State cause for which Never report mere (Recommendations "Atrophy,"



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD T. B. No. 1.

Village or City Amplication (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Single, Married Mount Wildows, Ordivorced (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year) 7 AGE (Month) (Day) (Year) 1 LESS than 1 day,hrs. ORmin.?	that I last saw here allive on 10 - 22 - 1915. that I last saw here allive on 10 - 22 - 1915. and that death occurred on the date attack above, at 3:30 cm, The CAUSE OF DEATH* was as follows: Taloular August - discase
(b) General nature of Industry, business, or establishment in which omployed (or employer) PERTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country)	(Signed)
(Informant) (Address) (Address)	Where was disease contracted, It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS Last Last Last Last Last Last Last Last

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative Lealthful-Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) ness of various pursuits can be known. The question Statement of occupation---Precise statement of occupa-Never return "Laborer," Farmer or Planter, For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonacum, etc.. Carcin-

childbirth or miscarriage, as "PUEEPERAL septicharcause of death approved by Committee on Nomencia. sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: Bronchonneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis uant neopiasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Hart failure," "Haemorrhage," "Inanition," "Naras. mere symptoms or terminal conditions, such as "Ascer" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Examples:



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RECORD PERMANENT INK UNFADING WITH

PHYSICIANS should of OCCUPATION IS classilled. properly pe may certificate. 80 0 back terms. 0 plain instructions Information = EATH See 0 A Item L, mportant. CAUSE

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

Ilt death occurred la

ADDRESS

Ward) a hospital or institution. give Its NAME Instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIEO. WIDOWED. ORDIVORCED (Write the word) (Month) (Dav (Year) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, a 1 day, hrs. The CAUSE OF DEATH * was as follows: BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Oct 11 BIRTHPLACE ARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place In the OF MOTHER (State or country) ot death yrs. mos. ds. State yrs. Where was disease contracted. 14 THE ABOVE IS TR If not at place of death? Former or usual residence. DATE OF BURIAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But lu many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, Irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return Farmer (retired 6 yrs.) For persous "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the misease causing death—Name, first, the misease causing death—Name, first, the misease causing death affection with respect to the aud causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonymids "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitlon," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Auaemia" (merely symptomatle), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the Americau Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds., "Seuile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"



FOR

PLACE OF DEATH S County O. G., 17831 Village or City Sevensville (No. , Stulf Be	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2.5.3 St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
nale Colored Single, wighter MARRIED, will Colored OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
7 AGE (Month) (Day) , 19/5 (Year) 7 AGE If LESS than 1 day,hrs. ORmin.?	that I last saw h alive on ,191, and that death occurred on the date stated above, at
8 OCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of industry business, or establishment in	Stilf Birth Mo Doctor in attendance, (Duration) yrs, mos. ds.
which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) 14 THE ABOVE IS TAUE TO THE BEST OF MY KNOWLEGE (Informant) WHERE OF MOWLEGE (Informant)	Contributory Secondary (Signed) (Signed) (Signed) (Address) (
(Address) Clester M	usual residence 19 PLACE OF BURIAL OR REMOVAL Mass Slevensvelle ma UCL 20, 191 J. 20 UNDERTAKER ADORESS 6 W. Saratoga St., Baito., Requesting V. S. N. J. Jan J.
and the state of t	ma

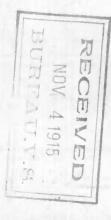


[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. wife, Housework, or At Hame, and children, not gainfully who receive a definite salary), may be entered as Hause-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Nervant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton mobile factory. The material worked on may form part is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physibusiness or industry, and therefore an additional line especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, various pursuits can be known. The question For persons who have no occupation whatever, Locomotive engineer, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease causing disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrespinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," nenin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, letanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by earbolic ocid-probably to determine definitely. Examples: Aecidental drowning. SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths birth or miscarriage as "Pterperal suplichaemia," cause. Always qualify all diseases resulting from childmus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Coneough; Chronic vulvular heart disease; Chronic interstitial Struck by railway "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. "Tumor" for malignant neoplasms); Measles: Whooping The contributory (secondary or intercurtrain-occident; State cause for which Revolver wound of Never "Exhaustion," ACCIDENTAL, report mere



S. No. 1.

N. W.

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

1 PLACE OF DEATH

County Guern anne

17832

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No

St.;Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
EDICAL CERTIFICATE OF	DEATH
(Month)	(Day (Year)
My, 1914, to Olly	16052d 1915
	bove at film,
(Duration) (Doration) (Doration) (Doration)	yrs. mos. ds. Pyrs. mos. S. ds. Pyrs. mos. S. ds.
I) MEANS OF INJURY; and I HOMICIDAL. ESIDENCE (FOR HOSPITALS, I DENTS)	(2) whether Acciden-
RIAL OF REMOVAL	DATE OF BURIAL 14 23 , 1915 APPRESS 4 hurch Hall
	(Month) SEREBY CERTIFY, That I allowed alive on the date stated a EATH was as lollows: (Duration) (Duration) (Doration) (Doration)



[Approved by U. S. Census and American Public Health Association.]

CAUSING NEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care dutics of the household only (not paid Housekeepers the nature of the business or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can he known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Forcman, Farmer (retired 6 yrs.) For persons If the occupation has

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";): Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonacum, ctc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all discases resulting from mus," "Old Agc," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of such, if Impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as ctc., when a definite disease can he ascertained as the thenia," "Anaemia" (mcrely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICINAL, or as probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustlon," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) (Recommendations on statement of Never report



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

RECORD

Every liem of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

V. S. No. 1.

N. B.—Every Item CAUSE OF

17833

Theen anne



STATE OF MARYLAND CERTIFICATE OF DEATH

Redistration Dist No.

a hospital or institution, give its NAME instead of street and number.]
DEATH
(Day (Year)
itended decessed from 1910
ovs, at 3 m,
MOS. ds. WIS. MOS. ds. WIS. M. D. I deaths from VIOLENT (2) whether Acciden- STITUTIONS, TRANSIENTS.
DATE OF BURIAL OCT. 10, 1910 ADDRESS Centreville MS 0. 1.
((1)



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative healthfulmaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

childbirth or miscarriage as "Puerperal scptichac-"Heart fallure," "Haemorrhage," "Inauition," "Marasture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." lnjury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puebreral peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canis less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV 6 1915 BUREAU, V.S.

N. B

PLASE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred in a hospital or institution. give its NAME instead of street and number.] STATISTICAL PARTICULARS 3 SEX 5 SINGLE, 16 DATE OF DEATH MARRIED, WIDDWED OR DIVORCED (Day) I attended deceased from (Month) (Day) (Year) 7 AGE it LESS than death occurred on the date stated above. 1 day, hrs. SE OF DEATH * min.? 8 OCCUPATION a) Trade, profession, or particular kind of work (b) General nature of Industry business, or establishment in which employed (or employer' 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (Signed) O 11 BIRTHPLACE (Address) RENT OF FATHER (State or country) *State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMEGOAL. 12 MAIDEN NAME OF MOTHER 4 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country)yrs.mee.de. Where was disease contracted. If not of place of death?... usual reeldence DATE OF BURIAL

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

ADDRESS

NOV 6 1915

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homieide; Poisoned by carbolic acid-probably Struck by railway train-accident, Revolver wound of to determine definitely. Examples: Accidental drouning; SUICIDAL, OF HOMICIDAL, OF AS probably such, if impossible state means of injury and quality as accidental, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "PUERPERAL septichaemia," chuse. Always quality all diseases regulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," lapse," "Coma," "Convulsions," "Debility" ("Con-"Anaemia" (merely symptomatic), "Atrophy," "Colsymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. mephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Medales; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

write None. 6 yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers -Coal mine, etc. Women at home, who are engaged in precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) (trocery; (a) Foreman, (b) Auloonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Farmer or Planler, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-

Statement of Cause of Death—Name, first, the disease to chimary affection with respect to time and causation), using slways the same accepted term for the same disease, Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Tobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, meninunqualified, is indefinite);

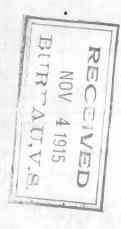
17835 STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH uccul Registration Dist. No.... CCUPATION ilf death occurred in PHYSICIANS St .:Ward) a hospital or Institution. RECORD give its NAME instead of street and number.] 2 FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS FNT 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED, Molacus ERMAN (Month) ORDIVORCED (Write the word) BINDIN I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH 4 (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at. 00 1 day,....hrs. OR min. ? properly 8 OCCUPATION AGE (a) Trade, profession, er INK particular kind of work (b) General nature of Industry. pe ESERV business, or establishment in UNFADING (Duration) may which employed (or employer) -----Contributory..... certificate. 9 BIRTHPLACE (Secondary) (State or country) that (DoraMon) 0 10 NAME OF FATHER 80 10 ARGIN terms. n back 11 BIRTHPLACE (Address). ARENT OF FATHER pinous *State the DISMASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-6 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER lons 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Instruct 5 At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ of Inford State Where was disease contracted. WRITE If not at place of death? Former or FO Item usual residence Every iter CAUSE O BURIAL 20 UNDERTAKER ADDRESS m If more blanks are needed, address State Registrar, C E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples: additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the If the occupation has For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculossis of lungs, meninges, peritonaeum, etc.. Carcinossis of lungs, meninges, peritonaeum, etc..

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ture of the American Medical Association.) "Contributory." mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples: For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1 PLACE OF DEATH

rSICIANS atement of	County Dieser Chinis	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 253
CTLY. PH'	Villago or City Slevensville(No. , 40	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
EXACI	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
should be stated y be properly class of certificate.	Finale Vilite Single, Married, Widow on Divorced (Write the word) Tage Ta	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1915, that I last saw h A alive on 1915, and that death occurred on the date stated above, at 3.4 m.
AGE it ma back	1 day, hrs. or mos 4 ds. or min.?	The CAUSE OF DEATH * was as follows:
ion should be carefully supplied. F DEATH in plain terms, so that important. See instructions on	10 NAME OF FATHER State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 11 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 11 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 MAIDEN NAM	(Oursilon) / yrs. mos. ds. Contributory Secondary (Oursilon) / yrs. mos. ds. (Signod) / (Address) /
em of informat tate CAUSE O ATION Is very	13 BIRTHPLACE OF MOTHER (State or country) Baltimore Md, 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant) Multiman Multe	OR RECENT RESIDENTS) At place to the of deeth
N. B:—Every item should state OCCUPATI	(Address) Slevensville 200 15 Flied Oct 28, 1915 F. C. Shomas Joseph Registrar	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL Whites burying fround Oct 29101 J. 20 UNDERTAKER TRUST RUSTLY ADDRESS J. C. Thomas & Heornsville
	If more blanks are deeded, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health . Association.]

of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer write None. business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Hausework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grovery; (a) Foremon, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compasitor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Plonter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question is provided for the latter statement; it should be used For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, If retired from

Statement of Cause of Death—Name, first, the disease causing disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrespinal meningitis"); Diphtheria (avoid use of "Croup"); Typhaid fever (never report "Typhoid pneumonia," Lobar pneumonia, Branchapneumonia of lungs, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations state Means of injury and qualify as accidental, suicidal, or homicidal, or as prabably such, if impossible to determine definitely. Examples: Accidental drowning: on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, tetonus) may be stated suicide. The nature of the injury, as fracture of skull Struck by railway train-accident; Revolver wound of surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichumia," "Puerperal peritonitis," etc. State cause for which mus," "Old Age," "Shock," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heomorrhage," "Inanition,": "Marasheod-homicide; Poisoned etc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthema," Example: Measles (disease causing death). 29 ds.; Bronrent) affection need not be stated unless important cough; Chronic valvular heart diseose; Chronic interstitial ges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of cause. "Anaemia" chopneumonia (secondary), 10 ds. "Tumor" for malignant neoplasms); Measles; Whoaping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-"Coma," (merely symptomatie), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurby carbolic acid—probably "Uracmia," "Weakness, Never report mere



BINDING FOR RESERVED MARGIN

No.

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should is PHYSICIANS show RECORD Exact statement PERMANENT EXACTLY. properly classified. 4 pe IS pinous UNFADING INK-THIS AGE carefully supplied. PLAINLY, WITH pe n terms, a of information should plain _ DEATH WRITE CAUSE OF important. m

state Very

1 PLACE OF DEATH ²FULL NAME PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE DATE OF BIRTH 7 AGEmos,..... 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) ... certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER ō PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME See instructions OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)

(Address)

15

WIDOWED, ORDIVORCED (Write the word)

(Day

(Month)



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2 J-3

....Ward)

[If death occurred la a hospital or institution, give its NAME Instead ot street and number.]

***************************************	-
MEDICAL CERTIFICATE OF DEATH	
B DATE OF DEATH MALLIN	1014 -
(Month) (Day	, 1912 (Year)
17 I HEREBY CERTIFY, That I attended de	-
191, to	, 191,
that I last saw h alive on	, 191
and that death occurred on the date stated above, at	m
The CAUSE OF DEATH* was as follows:	
10 1100	
The child wax de	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
when delivered	
- 1/2 00 00 00 000 000 000 000 000 000 000	
(Ouration)yrsyrs	mosds.
Contributory	***************************************
(Signed) Wiscons Sexual	mosds.
Oct 1915 (Address) Steven with	6
*State the DISEASE CAUSING DEATH, or, in deaths fr CAUSES, state (1) MEANS OF INJURY; and (2) wheth TAL, SUICIDAL, OF HOMICIDAL.	om VIOLENT er Acciden-
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, OR RECENT RESIDENTS)	TRANSIENTS,
At place in the	
of death yrs mos ds. State yrs	mos ds
Where was disease contracted, it not at place of death?	
Former or	
usuai residence	-
19 PLACE OF BURIAL OR REMOVAL DATE OF B	URIAL
Stevensville Cemeters Oct 3	1915
20 UNDERTAKER ADDRESS	110
Trank Homas Pleone	ville

5 SINGLE, Jungle (Year) if LESS than 1 day,.....hrs. OR min. ?

If more blanks are needed, address State Registrar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.

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REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care dnties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Furm laborer, Luborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. who have no occupation whatever, write None. cated thus: causing nearth, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never retnrn "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons The question

Statement of cause of death—Name, first, the misease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Caroin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-LENT DEATHS State MEANS OF LYJURY and qualify as thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "l'uerperal peritonitis," childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthre of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viois less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Measles "Senile," etc.), "Dropsy," "Exhanstion," (Recommendations on statement of (disease causing death), 29 ds.; etc. State cause for



MARGIN RESERVED FOR BINDING

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should is OCCUPATION PHYSICIANS RECORD statement PERMANENT classified. pinous properly AGE INKsupplied. pe UNFADING may certificate. that it 80 0 pe back terms. plain Instructions = DEATH -Item OF Every Item CAUSE OF Important.

Very

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 25 Ilf death occorred isWard) a hospifal or Institution, give its NAME lostead of streef and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH S SINGLE, MARRIED. WIDOWED. ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended DATE OF BIRTH Month (Day (Year) 7 AGE If LESS than 1 doy hrs. The CAUSE OF DEATH* was as follows: OR mln. ? BECCUPATION (a) Trado, profession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) -----9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE (Addross) (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS At place OF MOTHER (State or country _____ yrs. ____ mos. __ State Where was dispase contracted. If not af place of death? Former or usual residence. DATE OF BURIAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTA

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

. the nature of the business or industry, and therefore an eated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner; (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that faet may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) aTyphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association. "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Condent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) "Exhaustion,"



V. S. No. 1.

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DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD Every Item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be Important. m

1 PLAGE OF DEATH 17839 Village or City New Resoule (No.

41.1

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No....

St.;---Ward)

[If death occurred in a hospital or institution. give its NAME instead

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
T.	Ex COLOR OR RACE SINGLE, MARRIED. WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year)
D	ATE OF BIRTH Uluknown, 1	that I last saw he alive on Och 13 195
	(Month) (Day (Year) GE If LESS the 1 day,hr OR	and that death occurred on the date stated above, at 90, m
a	CCUPATION) Trade, profession, or ricular kind of work.) General nature of industry.	Byto-elilie Prieumia
us	iness, or establishment in ich employed (or employer) RTHPLACE (State or country) Fallost. Co. M.	Gontributory Taling White
	10 NAME OF FATHER Samuel Jewell 11 BIRTHPLACE 19	(Signed) WEW. (Duration) yrs mos di
	(State or country) Salbot Co. Md 12 MAIDEN NAME OF MOTHER Sayah Clash	CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDEN TAL, SUICIDAL, OF HOMICIDAL.
_	13 BIRTHPLACE OF MOTHER (State or country) Talbet Co. M	At place In the of deathyrsmosds. Stateyrsmosds
	(Intermant) Mrs. Chas. Jewell	If not at place of death?————————————————————————————————————
	(Address). Hoy dans, M. R. FD.	Centroile Md. Oct. 16, 1915
FII	led Oct. 15 1915 Pobly Welling REGISTRAR	20 UNDERTAKER Robt: W. Eddius Centreviews

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailgoma, Sarcoma, ctc., of..... (name origin; "Canscpsis, tetanus) such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as chiidbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," Never report



	PLACE OF DEATH	STATE OF MARYLA	ND
Cour	- hier and 17840	CERTIFICATE OF DE	EATH
Cour		Registration Dist. No	254
Villa	ge or City release lawn (No		if death occurred in
	2 FULL NAME Bessie Johns	a ne	ospital or institution, its NAME instead treet and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA	тн
3 SE	male While Single, Marrill wisowed on pivoncep (Write the word)	16 DATE OF OEATH CHOPEN (Month)	9, 1915 (Year)
6 DA	TE OF AIRTH 1891/	July 30, 1915, to	deceased from
	· (Month) · (Day) (Year)	that last saw h Cr alive on C	1915,
7 AG	1 day, hrs.	and that death occurred on the date stated ab The CAUSE OF DEATH * was as follows:	ove, at July m.
(8	CCUPATION Trade, profession, or ricular kind of work Trade, profession, or ricular kind of work	Islamay Intur	eulver.
(b) General nature of Industry siness, or establishment in ich empløyed (or employer)	(Quretion) yre.	G mos. de.
9 a	RTHPLACE (State or country) Mary Land	Contributory Secondary Thurstien)	
	10 NAME OF Jun Teuls	(Signed) Saway Jorce	- R , N. O.
RENTS	OF FATHER (State of country) / Saw faul	*State the DISEASE CAURING DEATH, or, in death CAUSES, state (1) MEANS OF INJUST; and (2) wheth	s from VIOLENT
PAR	OF MOTHER Information	SUICIDAL OF HOMICIOAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTE	
	13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT REGIDENTS) At piece le the et desth yrs. mes. ds. Stete, yrs. Where wee disease contrasted,	
14 TI	(Informant) The BEST OF MY KNOWLEGE	if not at place of death?	
	(Address) Piccon Turico		OF BURIAL
16 Fil	ed Oct 9, 1915 - Molf Corres		as
	If more blanks are needed address State Registrar	16 W Saratora St. Ralto Requesting V S No. 1	



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. engaged in domestic service for wages, as Scrvant, Cook. wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers or given up on account of the DISEASE CAUSING DEATH, taken to report specifically the occupations of persons employed, as At school or At home. Care should be precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return mobile factory. The material worked on may form part of the second statement. Never return "Laborer," mill; (a) Salesman, (b) (irocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, Housemaid, etc. If the occupation has been changed is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, For persons who have no occupation whatever, Architect, Locomotive engineer, If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, letanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puerperal peritonitis," etc. birth or miscarriage as "PUERPERAL septichaemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (seeondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of eause. (name origin; "Caneer" is less definite; avoid use of by railway train-accident; Revolver Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull State cause for which Never report mere (Recommendations "Exhaustion, wound of



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

	PLACE OF DEATH	STATE OF MA	RYLAND
	. Nuev. Jan	CERTIFICATE (OF DEATH
Co	unty of ocen of no	W Bestervilles B	254
	/1. N A	Registration D	ist, No.
Vii	tage or City Un Cherler (No.	St; Ward	[if death occurred in
			a hospifol or institution, give its NAME instead
	11 2 3 3 3 3 3	semature Sill	of streef and nomber.]
	FULL NAME		juevo
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 8	EX COLOR OR RACE SINGLE,	16 DATE OF DEATH	/3 1015
1	WIDOWED, Man	(Month)	(Day (Year)
Male White (Write the word)		17 I HEREBY CERTIFY, That I attended deceased from	
6 DATE OF BIRTH		10-13 1915 to	10-13 1915
	CCT - /3 19/3		11-13 3
-	(Month) (Day (Year)	that I last saw h allve on	/1 - /3 ,191 3
7 A		and that death occurred on the date state	ed above, at 1 1 1 m
100	yrs mos ds + day hrs.	The CAUSE OF DEATH* was as follows:	
80	CCUPATION		
1 (0) Trade, profession, or	I remotive	ity,
W .	rticular kind of work	/ Five m	who the infant?
) General nature of Industry, siness, or esfablishment in	(Duration)	1/12 hrs.
which employed (or omployer)		() ()	0
State or country)		Secondary (altha c f	1/1. 7.
	oun chercer, 11/9.	(Duration)	yrs mos ds
	10 NAME OF TO	(Signed)	и а
	Las. W. Kynch	12 11/12	7 0110
Ţ	11 BIRTHPLACE OF FATHER D + 1	1913 (Address) Ju	eenstown, 149.
PARENTS	(State or country) percentown, 1/9,	*State the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY;	or, in deaths from VIOLENT
AR	12 MAIDEN NAME ///) 2/	TAL, SUICIDAL, OF HUMICIDAL.	
Δ.	Mary A. Horney	18 LENGTH OF RESIDENCE (FOR HOSPITAL	s, Institutions, Transients,
	OF MOTHER (State or country) Nucen and Co. Mo	At place in the	
	3 1/4	of deoth yrs, mos ds. Stote Where was disease confracted,	yrs mos #s
14 1	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of deoth?	***************************************
(Informant) John H. Horney		Former or	
	In a Place In.	08U2 residence	***************************************
	(Address) Goldon Flore VIII	111. 1 7 11/1	DATE OF BURIAL
15	Mus Malallel	Ninchester, Mg.	191.5
Fil	led 10/14 1918 // OM (Johnson	20 UNDERTAKER	ADDRESS
	REGISTRAR	Home	
	If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto, Requesting V	S No 1

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the applies to caeh and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons As examples: (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 3Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thre of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned sneh, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "I'UERPERAL peritonitis," etc. State eause for childbirth or misearriage as "Puerperal septichaeete,, when a definite disease can be ascertained as the mns," "Old Agc," "Shoek," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatle), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Mcasles; Whooping cough; Chronic oma, Sarcoma, etc., of (name origin; "Can-Aceidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Contributory." The contributory is less definite; avoid use of "Tumor" for mallg Always qualify all diseases resulting from Mcastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) For VIO-



V. S. No. 1.

N. B.

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS PERMANENT AGE should be stated EXACTLY. UNFADING INK-THIS IS Every Item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be PLAINLY, WITH

PLAGE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

CERTIFICATE OF DEAT

Village or City Church Held	Registration Dist. No. St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX A COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY That I attended deceased from 191, 191,	
(Month) (Day (Year) 7 AGE If LESS than 1 day,hrs. ORmin.? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry.	and that death occurred on the date stated above, at m, The CAUSE OF DEATH* was as follows:	
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 10 NAME OF FATHER	(Duration) yrs mos ds. Contributory Secondary (Duration) yrs mos ds. (Signed) A Color of the c	
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS, TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds Where was disease contracted, If not at place of death? Former or usual residence.	
(Address) Clevel Stell Res	19 PLACE OF BURIAL OR REMOVAL Calculate Consider Constant Constan	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, Irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as etc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-"Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 "Senile," etc.), (Recommendations on statement of "Dropsy," "PUERPERAL septichae-"Exhaustion,"



m ż 1 PLACE OF DEATH

County

Village or City

(Day)

PERSONAL AND STATISTICAL PARTICULARS

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration: Dist. No.

[If death occurred in

1	a hespital er institution, give its NAME instead of street and number.				
	MEDICAL CERTIFICATE OF DEATH				
	16 DATE OF DEATH (Month) (Day) (Year)				
=	17 I HEREBY CERTIFY, That I attended deceased from Oct 10 ,1915, to Oct 17 ,1915,				
	that I last saw han alive on OcT 17 , 1916,				
n	and that death occurred on the date stated above, at				
	The CAUSE OF DEATH * was as follows:				
	and Parolilis				
K	(Durstion) yrs. mos. / ds.				
	Contributory I phay Fins				
	(Buration) yrs. mos // ds.				
	(Signad) Clotyntonly M. O.				
-	Oct 19 , 191 J. (Address) freghereally my				
_	*State the DISEASE CAUSING DEATH, Or, in deaths from Viglent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.				
6	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,				
	OR RECENT RESIDENTS) At place In the				
_	of desihyrs. mesds. Sials,yrsmosds. Where was disease contracted,				
	If not st place of death?				
	usual residence				
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL				
	Sudlusnile Cimity 10/20, 1013				
	20 UNDERTAKER Sudly Sudlysville				
r. 1	6 W Saratoga St., Balto., Requesting V. S. No. 1.				

If more blanks are needed, address State Registra

(Year)

If LESS tha

1 day, hrs

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile foctory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planler, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question business or industry, and therefore an additional line For many occupations a single word or term on the -Cool mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part Architect, Never return "Laborer," Locomotive engineer,

CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," "Senile," etc.), "Dropsy," "Exhaustion," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tilanus) may be stated head-homicide; Poisoned by corbolic acid-probably to determine definitely. Bxamples: Accidenal drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent beating "PUERPERAL perilonilis," etc. birth or miscarriage as "Puerperal septiduomia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Ursemis," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important nephrilis, etc. The contributory (secondary or intercurcough; Chronic valvulor heart disease; Chronic interstitial "Tumor" for malignant moplasms); Meosles; Whooping Struck by railway train-accident; Revolver wound of "Heart failure," "Hacmorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bron-The nature of the injury, as fracture of skull State cause for which Recommendations ACCIDENTAL,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

NOV 4 1915

BUREAU, V.S.

atement of	County Crew County 17844	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 25-3
Exact st	Village or City Wes 60 (No. No. No. No. No. No. No. No. No. No.	Navks St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
Tie Tie	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
y classi	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEO OR OIVORCEO (Write the word)	16 OATE OF OEATH (Month) (Day) (Year)
be properl	6 OATE OF BIRTH (Month) (Day) (Par)	that I last saw h Malive on 41, 1911
it may b	7 AGE If LESS than 1 day, hrs. or min.?	and that death occurred on the date stated above, at
n terms, so that instructions on	(a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	(Ouration) yrs. mos. ds.
See ins	9 BIRTHPLACE (State or eountry) Bulto 26d	Secondary (Bursiton) yrs mos de
F DEATH in important	TATHER Mead (Speet for Street fo	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicinal or Homicipal.
USE O	of Mother Rosa Ramming 13 BIRTHPLACE OF MOTHER (State or country) Balts Wed	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot deathyrs
state CA	(Informant) Mearl C Shorks	Where wee disease contracted, if not at piece of death? Former or usual reetdence
should OCCU	15 Fled Oct J. 1915 I. C. Thomas	19 perce of Burial OR REMOVAL OATE OF BURIAL OCT, 191
2	Logal REGISTRAR	J. V. Showard St. Potto Proposition V S. No. 1
	If more blanks are needed, address State Registrar,	10 W. Daratoga St., Danto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

employed, as At school or At home. Care should be only when needed. As examples: (a) Spinner, (b) Cottan business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day labarer, Farm laborer, Laborer of the second statement. Never return, "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiengaged in domestie service for wages, as Servant, Cook mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the applies to each and every person, prespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever The material worked on may form part Women at home, who, are engaged in Locomotive engineer, Civil The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrespinal meningitis"); Diphtheria (avoid use of "Croup"); Typhaid fever (never report "Typhoid pneumonia"); Lobar pneumania, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tubereulosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning; SUICIDAL, OF HOMICIDAL, OF as prabably such, if impossible surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichaemia," mus, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms of terminal conditions, such as "Asthenia," chopmeumonia (secondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meastes; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of state MEANS OF INJURY and qualify as "PUERPERAL peritonitis," etc. cause. etc., when a definite disease can be ascertained as the "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephrilis, etc. (name origin; "Cancer" is less definite; avoid use of " "Old Age," "Shock," "Uracinia," "Weakness," by rollumy Always qualify all diseases resulting from child-The contributory (secondary or intercurtrain-accident; Revolver State cause for which Never report mere "Exhaustion," ACCIDENTAL, mound



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Village or City Stevensvilleno.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 25 3 [If death occurred in a hospital or institution, give its NAME instead of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX, 4 COLOR OR RAGE 5 SINGLE, MARRIED, WOOWED, ORDIVORCED (Write the word) 8 DATE OF BIRTH May 23 19/6	(Month) (Day (Year) 17 HEREBY GERTIFY, That I attended deceased from 191
7 AGE (Monthy) (Day (Year) 7 AGE (If LESS than t day, hrs. yrs mos /3 ds. OR min.?	and that death occurred on the date stated above, at
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Steores public, Find.	Contributory Secondary (Duration) yrs mos ds
11 BIRTHPLACE OF FATHER 12 Maiden NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 11 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF M	(Signed) (Signed) (Address) Alecters (C), M. D. *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) LEEE Arubingo	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place In the of death yrs, mos ds. State yrs, mos ds. Where was disease contracted, if not at place of death? Former or usual residence
(Address) 16 Filed Oct 7, 1915 F. G.	20 UNDERTAKER ADDRESS Par, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
	or, barron requirement v. b. 140. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question eated thus: Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when ueeded. As examples: first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," , "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and eansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar meumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can childbirth or miscarriage as "Puerperal septichaemns," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease cansing death), 29 ds.; affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Tuerreral peritonitis," etc. State canse for canse. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the "Heart failurc," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for maligtctanus) may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustlon,"



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION Is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN V. S. No. 1.

1 DI ACE OF DEATH

	County Queen Ame's 17846	CERTIFICATE OF DEATH Registration Dist. No. 2 6-3
	Village or City Chester (No. ,)	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male Sloved 5 SINGLE, MARRIED Mained WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Och (Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended deceased from
	6 DATE OF BIRTH May 3/ 848 (Nonth) (Day) (Year)	that I last saw hill alive on Sch 2/, 1915,
	7 AGE 6 7 yrs. 4 mos. 2 6 ds. or min.?	and that death occurred on the date stated above, at
	(a) Trade, profession, or Particular kind of work (b) General nature of Industry business, or establishment in	
9	which employed (or employer) 9 BIRTHPLACE (State or country) Seul Seland M. A.	Contributory Jastriles Secondary
	O HAME OF Perry Stansbury	(Signed) (Burzilles) yrs. mos. ds.
	STATHER (State or country) Massification 12 Maiden NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicinal or Homicidal.
	of Mother Cruy 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State, yrs. mos. ds. Where was disease contracted,
	(Informant) Jenry Gay Manshary	If not at place of death ? Former or ususi residence
	(Address) Chester, Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL WELL 27, 1910
	Filed CV 26, 1915 Trang C. Momas Local REGISTRAR,	Fearto C. Thomas Devensville
1	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

Housemaid, etc. If the occupation has been changed write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the disease causing death, engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House---Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day luborer, Farm luborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of; the second statement. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, For persons who have no occupation whatever various pursuits can be known. The question Stationary fireman, etc. But in many cases, The material worked on may form part Architect, Locomotive engineer, Never return "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eercbrospinal meningitis"); Dephtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated mus," on statement of cause of death approved by Committee head-homicide; Poisoned by curbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths suicide. The nature of the injury, as fracture of skull Struck by railway train-accident; Revolver wound state MEANS OF INJURY and qualify as ACCIDENTAL, cause. Always qualify all diseases resulting from child-birth or miscarriage as "Publiperal septichaemia," "Publiperal peritonitis," etc. State cause for which ete,, when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," to determine definitely. chopneumonia Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonarum, etc., Carcinomo, Sorcoma, etc., of (name origin; "Caneer" is less definite; avoid use of "Old Age," "Shock," "Uracmia," "Weakness." "Senile," etc.), (secondary), 10 ds. The contributory (secondary or intercur-Examples: Accidental drowning, "Dropsy," Never report mere "Exhaustion,"



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certificate. to back See instructions

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DEATH

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OCCUPATION

TAGE SOCCUPATION (a) Trade, profession, or particular kind of work (5) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER PARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 15



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 21.3

St.:....Ward)

Ilt death occurred in a hospital or institution. give its NAME instead

of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 5 SINGLE. MARRIEO. ORDIVORCED Willaure (Month) (Day Write the word) I HEREBY CERTIFY, That Lattended deceased from (Month) (Day (Year) It LESS than and that death occurred on the date stated above, a 1 day.....hrs. The CAUSE OF DEATH* was as follows: Contributory (Signed) *State the DISEASE CAUSING DEATH; OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death _____ yrs. ____ mos. ___ State yrs. ____ mos. _ ds. Where was disease contracted. If not at place of death?-Former or usual residence. 19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL 79 UNDERTAKER REGISTRAR

If more blanks are needed/address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indishould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the honsehold only (not paid Housekeepers tication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None cated thus: causing nearit, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotivo engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diputheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neopiasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and eonsequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnre," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminai eonditions, snch as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can ture of the American Medicai Association. cause of death approved by Committee on Nomencia "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICINAL, OF HOMICINAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for mallgtctanus) may be stated under the head of Aiways qualify aii diseases resuiting from (Recommendations on statement of (disease eansing death), 29 ds.; "Dropsy," ete. State canse for "Exhanstion," For vio-



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should be stated EXACTLY. PHYSICIANS y be properly classified. Exact statement of of certificate. PERMANENT RECORD AGE instructions on back of information should be care cAUSE OF DEATH in plais Every item of information should should state CAUSE OF DEATH I OCCUPATION is very important.

Village or City Could Since (No. 2 FULL NAME Since Birch	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 25 St.; Ward) [It death occurred in a hespital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIEO, WIDOWED OR DIVORCED (Write tho word) 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE It LESS than 1 day, hrs. OR min.?	MEDICAL CERTIFICATE OF DEATH 18 OATE OF DEATH (Month) (Day) (Year) 17 HEAEBY CERTIFY, That I attended deceased from 191, to 191, 191, 191, and that death occurred of the date stated above, at
which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER WY JUNIOUS FOR FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE (S TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) Culturalle	(Signed) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL Or HOMICIOAL. 1B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At pisce In this ef death yre. mes. ds. State, yrs. mee. ds. Where wes dieeace coefracted, if not et place of dasth? Fermer or usual residence 19 PLACE OF BURIAL OR REMOVAL Near Centreville 20 MARSENTANCE
Filed Oct. 21, 1915 John W. Cullus	20 UNDERTAKER My. June St. Centreville me

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers write None. Housemaid, etc. If the occupation has been changed precise specification as Day laborer, Form laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) (rocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, know (a) the kind of work and also (b) the nature of the first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question business or industry, and therefore an additional line especially in industrial employments, it is necessary to For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-The material worked on may form part Never return If retired from "Laborer,"

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Eronehopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS mus," "Old Age," "Shock," "Uraemia," "Weakness, on Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic ocid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the lapse," "Coma," chopneumonia (secondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meastes; Whooping Struck by railway train—accident; Revolver wound of to determine definitely. Examples: Accidental drowning; cause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senilc," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important. nephrilis, etc. Example: Measles (disease causing death), 29 ds.; Bronor miscarriage The contributory (secondary or intercuras "Puerperal septichaemia," "Dropsy," State cause for which Never report mere "Exhaustion,"



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properly classified. Exact statement of OCCUPATION is very PHYSICIANS should be stated EXACTLY. WRITE PLAINLY, WITH UNFADING INK-THIS IS AGE carefully supplied. may be Every Item of information should be carefully sui CAUSE OF DEATH in plain terms, so that it ma Important, See instructions on back of certificate. 0

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;.... ...Ward)

[If death occurred in a hospital or Institution, give its NAME Instead of street and number.]

- FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
OCCUPATION (a) Trada, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	that I last saw h alive on
9 BIRTHPLACE (State or country) Selle Sea Hells 10 NAME OF FATHER Fille Sea Hells 11 BIRTHPLACE OF FATHER (State or country) Selle Access Companies 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) Selle Access Companies 13 BIRTHPLACE OF MOTHER (State or country) Selle Access Companies 14 MAIDEN NAME OF MOTHER (State or country) Selle Access Companies 15 BIRTHPLACE OF MOTHER (State or country) Selle Access Companies 16 MOTHER (State or country) Selle Access Companies 17 MOTHER (State or country) Selle Access Companies 18 BIRTHPLACE OF MOTHER (State or country) Selle Access Companies 18 BIRTHPLACE OF MOTHER (State or country) Selle Access Companies 18 BIRTHPLACE OF MOTHER (State or country) Selle Access Companies 19 BIRTHPLACE OF FATHER 10 NAME OF FATHER (State or country) Selle Access Companies 10	Contributory Secondary Contributory Secondary Contributory Secondary Contributory Contributory Contributory Contributory Contributory Contributory Secondary (Duration) Yrs
(Interment) (Address)	Where was disease contracted, If not at place of death? Former or usual residenca 19 place of Burial or Removal Date of Burial 20 undertaker Address

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of ago duties of the household only (not paid Housekeepers "Mauager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary fireman, etc. But iu many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness." thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds., affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant ncoplasms); Mcastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origiu; "Cauwhich surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "lnanition," "Marus "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. sepsis, tetanus) such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the deut; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-"Contributory." is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Seuile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," "Puerperal septichae Never report



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RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 91-3

St.;....Ward)

[If death occurred in a hospital or Instilution, give its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male 4 COLOR OR RACE 6 SINGLE, MARRIED, MODIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
Jan 2/3 /866 , 1 (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work Hondand Tynisher (b) General nature of Industry,	decidental browning
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary
OF FATHER WENDWY 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed)
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Address) 3723 & downward Ol.	Saldemore Of Burial Of Removal Date of Burial Only 191
Filed Oct 31, 1915 F. C. Sport & Registran Branch B	PO UNDERTAKER MILEY 2334 Jeffersontstrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the been changed or given up on account of the disease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal menlngitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

FLENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaevalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopnoumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of death), 29 ds.; "Exhaustion," For vio-

